## Senior Assistance Fund

Telephone Number:	Date of Birth:
Amount of Income: \$	Source:
	Weekly
	Monthly
	Annually
Proof of Income (Copy Attac	hed):
	W-2 form
	Benefit letters from Social Security, VA, pension
	Medicaid, Food stamps, S.S.I.
	Pay stubs, interest
	Family Support letter
	Income Tax Form
	Other
Applicant Signature:	Date:
Staff Signature:	Date:

Date:	Amount:	For (Trip, class, membership):

Each participant pays 50% of the actual cost with maximum subsidy of \$50.00 per quarter